		Effective October 1, 2001 10/677 837											
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	L EI	ντιτΥ· <b>`</b>	OR	OTHE	R THAN ENTITY
	٦	OTAL CLAIM	S						Ε	FEE®	7	RATE	FEE
	FOR · N			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE	370.00	OR	BASIC FEE	<del></del>
	TOTAL CHARGEABLE: CLAIMS			m	minus 20=		•		)=		OR	X\$18=	<del>  .</del>
	INDEPENDENT CLAIMS			п	minus 3 =				_		1	\	
	М	ULTIPLE DEPE	NDENT CLAIM F	PRĖSĘNT				X42			OR		<del> </del>
İ	* If the difference in column 1 is less than zero, er				ora antar	"O" in	ooluma 2	+140			OR	+280=	
							COIUMN 2	TOTA	۱L	<del></del>	OR	TOTAL	
		(	CLAIMS AS A (Column 1)	D - PAR (Colun		(Column 3)	SMA	LL E	:NTITY	OR	OTHER SMALL		
100	NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID	EST BER OUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDMENT	Total	* 11	Minus	** 9	0	=	X\$ 9	=	\	OR	X\$18=	1
الا	<b>AME</b>	Independent	<u> </u>	Minus	***	<u>?                                    </u>	=	X42=			OR	X84=	
	_	FIRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140:	=		OR	+280=	. \
				•				TOT ADDIT. F			OR	TOTAL ADDIT. FEE	<del></del>
			(Column 1)	ın.2)_	(Column 3)	,	:						
	MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER UŞLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	NDM	Total	*	Minus	**		=	X\$ 9=	.		OR	X\$18=	
	AME	Independent	*	Minus .	***		= '	X42=	7		OR	X84=	
	_	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	TIPLE DEPENDENT (			1140	+		I	+280=	
								+140= TOT/			OR	TOTAL	
	•							ADDIT. FE			OR ,	ADDIT. FEE	
	_		(Column 1) CLAIMS	7.47.5	(Colum HIGHE	ST	(Column 3)		<del>-</del>	ADDI-	ſ		ADDI-
A THE STATE OF THE STATE OF	IEN C		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	JSLY	PRESENT EXTRA	RATE		IONAL FEE		RATE	TIONAL FEE
	ב ב ב	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=	
	A MIC	Independent		Minus	***		=:	X42=	1		OR	X84=	
IL		FIRST PRESE	NIATION OF MU	TIPLE DEPENDENT CLAIR		CLAIM		+140=	†		Ī	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR [	TOTAL	
	***	I the "Highest Nur	nber Previously Pai	d For IN THIS	S SPACE IS	less thar	1 3, enter "3."	ADDIT. FE	E L			DOIT. FEE	
	7	ne Highest Numb	ber Previously Paid	For (Total or	Independen	t) is the	highest number	found in the a	φpro	priate box	in colu	mn 1.	

Application or Docket Number